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the cahps® connection

The Agency for Healthcare Research and Quality's *CAHPS® Connection* is an occasional update for the many users of CAHPS products and survey results. Its purpose is to help you stay informed about new CAHPS products, the product development work of the CAHPS Consortium, and various tools and resources that may be useful to you, such as workshops and educational materials.

Please feel free to pass on *The CAHPS Connection*. If you received it from a colleague and would like to be added to the mailing list, contact the CAHPS User Network at cahps1@ahrq.gov. To see previous issues, visit our Web site: www.cahps.ahrq.gov.

events

The 10th National CAHPS User Group Meeting: A Sneak Preview of Some Key Sessions

From March 29 through 31, the Agency for Healthcare Research and Quality (AHRQ) and the Centers for Medicare & Medicaid Services (CMS) will host the 10th National CAHPS User Group Meeting in Baltimore, Maryland. Like previous meetings, this one will provide ample opportunities for CAHPS users to learn about new and current survey instruments and the many uses they serve.

It's an exciting time for the CAHPS program: the CAHPS Hospital Survey was just released and several instruments are on the horizon, including the updated CAHPS Health Plan Survey 4.0, the new CAHPS Clinician & Group Survey, and instruments for dialysis facilities and nursing homes. Furthermore, in light of ongoing pay-for-performance programs, new quality

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what's here

A Decade of Advancing Patient-Centered Care: The 10th National CAHPS User Group Meeting

March 29-31, 2006 • Baltimore, Maryland
Baltimore Marriott Waterfront

improvement strategies, and groundbreaking research in public reporting, the meeting will feature many sessions that will help guide your decisions on what to do with CAHPS data once you've gathered it.

With so many information-packed sessions to choose from, it may be hard to decide where to go. Attendees at the User Group Meeting will receive descriptions of each of the sessions; in the meantime, here is a quick overview of some sessions that are likely to be of interest to a wide spectrum of meeting attendees, regardless of which survey they use.

- **Talking About Quality Data: Reactions and Reality from Patients and Doctors (8:45–9:40 Friday):** Speakers at this session will discuss how doctors influence their patients' awareness, understanding, and use of publicly reported data on health care quality. Although this session focuses on hospital-level data, it will be of great interest to anyone interested in doctors' roles as information intermediaries.

- **Reporting Clinician & Group Survey Results: Balancing Practical Politics and Evidence-Based Practice (9:45–12:00 Friday):** This two-part session will focus on the challenges and opportunities involved in reporting quality data at the level of group practices and individual doctors. Featured presenters will include both experienced field testers of the new CAHPS Clinician & Group Survey and researchers studying the methods as well as the practical and political implications of reporting data on groups and clinicians. This discussion will be of value to attendees interested in public reporting at any level of the health care system.

- **Collecting and Reporting CAHPS Survey Data with Multicultural Populations (11:00–12:00 Friday):** Members of the CAHPS Consortium and others will share the podium to discuss topics relevant to survey users who work with culturally diverse populations. This session will cover what the CAHPS Cultural Comparability Team has been doing to incorporate the needs of ethnically diverse populations into the CAHPS program and its products; how a State agency has used CAHPS data to address racial and ethnic disparities in care delivery and shape its quality improvement programs; and strategies for sponsors who are reporting quality data to non-English-speaking populations.

work-in-progress

Notes from the Field: An Update on the CAHPS Clinician & Group Survey

The Ambulatory Care CAHPS (A-CAHPS) Team is hard at work testing and finalizing the new CAHPS Clinician & Group Survey, which will measure patients' experiences with medical groups and individual physicians. Since its inception in draft form, the survey has undergone several rounds of cognitive testing and field testing, enabling the Team to analyze specific issues related to survey design and administration. These issues include the reliability and validity of survey questions, the ways in which different modes of survey administration affect results, optimal questionnaire wording, and the most effective sampling strategy. After each round of testing, the Team has revised the instrument to incorporate necessary changes.

Current Round of Field Testing

During February and March, the A-CAHPS Team has been analyzing the results of the most recent rounds of field tests, which took place in late 2005 and early 2006. These data were provided by three of the field test partners: HealthPlus Michigan, Kaiser Permanente, and a joint effort by the American Board of Internal Medicine (ABIM) and the American Board of Medical Specialties (ABMS). The Team is currently focusing its analysis on the performance of both composite measures and individual items. Several of the field test partners will be discussing their experiences implementing the survey at the 10th National CAHPS User Group Meeting.

The Pacific Business Group on Health (PBGH) recently began administering their 2006 version of the Clinician & Group Survey to patients at 185 medical groups. The A-CAHPS Team plans to use these data to analyze a number of key issues, including the relative performances of specialists and primary care physicians. [For more information, please see the article "PBGH Peels Back the Layers of Health Care Delivery in California" on page 7.]

Looking Ahead

The A-CAHPS Team anticipates a third and final round of field test activity during the spring of 2006. This round will involve field test partners at the University of Mississippi and the American Medical Group Association. Data from these field tests should be available in early summer 2006. Over the course of the year, the Team will prepare the instrument and supporting documentation in order to submit measures to the National Quality Forum and the Ambulatory Care Quality Alliance as candidates for endorsement.

To download the current version of the Clinician & Group Survey, visit:

www.cahps.ahrq.gov/content/products/CG/PROD_CG_CG40Products.asp?p=1021&s=213.

CAHPS Health Plan Survey 4.0 and 4.0H Nearing Completion

After comprehensive testing, analysis, and revision, the CAHPS Consortium is in the final stages of preparing the updated CAHPS Health Plan Survey (version 4.0) for public use. The Development Team spent the last months of 2005 and the early months of 2006 working with the National Committee for Quality Assurance (NCQA) to revise both the 4.0 core questionnaire and the HEDIS® supplemental set of items, which together comprise the version of the survey known as 4.0H.

Approval from NCQA's Committee for Performance Measurement

In late January, the Development Team submitted the instrument to NCQA's Committee for Performance Measurement (CPM) for review. After examining the instrument, the sampling and data collection protocols, and evidence from the field tests of the instrument's efficacy and reliability, the CPM granted official approval for the core questionnaire and the HEDIS supplemental set to be released for public comment. The Ambulatory Care Quality Alliance also accepted the instrument in January.

Final Steps

For a month starting February 22, NCQA held a public comment period for HEDIS 2007, which includes the 4.0H version of the survey. The Development Team is currently analyzing feedback from this comment period and will spend the next few months adjusting the instrument as needed. Once NCQA approves the instrument, AHRQ will release the Health Plan Survey 4.0 along with guidance on how to customize and administer it. In 2007, NCQA will replace the 3.0H version of the survey with 4.0H as a requirement for health plans seeking accreditation. The Team will also seek endorsement for the instrument from the National Quality Forum (NQF).

CMS Proceeds with National Implementation of CAHPS Hospital Survey

After an extensive and inclusive process of development, testing, and public review, the CAHPS Hospital Survey is now on its way to national implementation. The U.S. Office of Management and Budget officially approved the use of the Hospital Survey in January 2006, allowing the Centers for Medicare & Medicaid Services (CMS) to proceed with the next steps.

Training in Process

In early February, CMS sponsored mandatory training sessions (both in person and via the Web) for survey vendors and hospitals planning to self-administer the Hospital Survey. Hospitals using vendors were not required to attend training. Additional Web-based training sessions will be held on April 3 and 4 for hospitals and vendors that were unable to participate in the initial sessions. Registration for these sessions opened February 27; please check www.hcahpsonline.org for more information about the training and the closing date for registration.

Looking Ahead to the Dry Run and Full Implementation

In addition to the training sessions, vendors as well as any hospitals that plan to self-administer the Hospital Survey will be required to participate in a "dry run" of the survey later this spring. Survey respondents for this dry run will include patients discharged in April, May, and June; hospitals and vendors must participate in at least one of those 3 months. Because the dry run is intended to give hospitals and vendors practice in administering the survey and collecting data, results will not be made public.

Full implementation with public reporting will begin in October 2006 and last through June 2007. All subsequent periods of survey administration will cover 12-month blocks, with hospitals updating their data reports on a quarterly basis.

For More Information

For more information about national implementation of the CAHPS Hospital Survey, please visit **www.hcahpsonline.org** or contact CMS at **Hospitalcahps@cms.hhs.gov**.

For technical assistance, contact the Arizona QIO at **hcahps@azqio.sdps.org** or 1-888-884-4007.

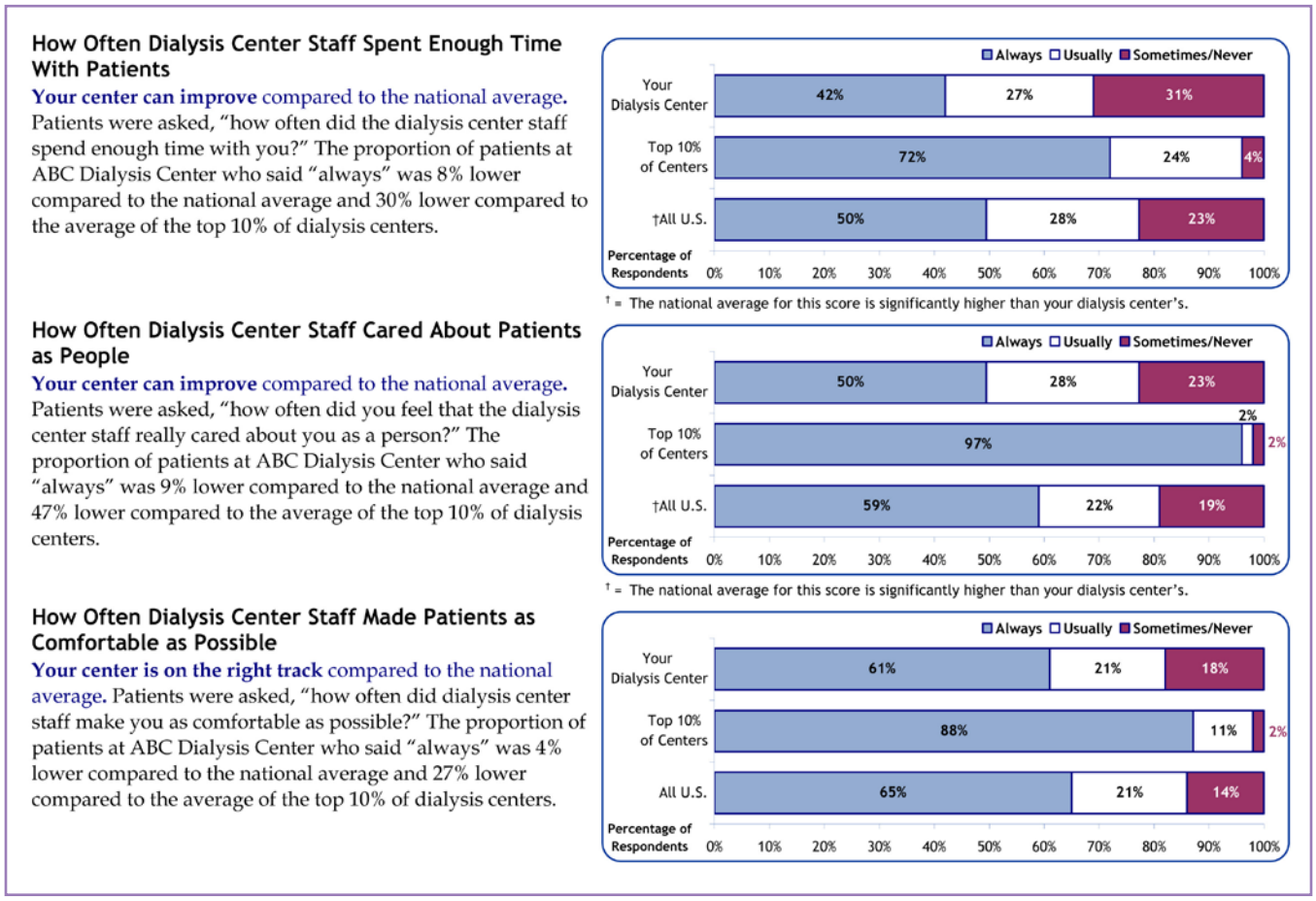
Improving the Quality of In-Center Hemodialysis Care: An Update on the CAHPS Quality Improvement Project

In the spring of 2005, AHRQ initiated a year-long project to explore the potential of the CAHPS In-Center Hemodialysis Survey as a tool for improving quality. In addition to the CAHPS grantees, this project involved four End-Stage Renal Disease (ESRD) Networks and seven dialysis facilities around the country.

Progress to Date

Working closely with their Networks, the facilities involved in this project administered the CAHPS In-Center Hemodialysis Survey to their patients in the second quarter of 2005. The facility staff involved in quality improvement activities then received a special report on the results of their survey (see example on next page).

Over the summer, the facilities reviewed their results and began the process of identifying opportunities for improvement and potential interventions. A team from each of the CAHPS grantees was assigned to each of the Networks and corresponding facilities to support them during this process. During the fall and winter, the organizations worked together to better define how to use the survey results, design strategies to improve patients' experiences, and begin implementation of quality improvement activities.



Sample page from *Insight Into Dialysis Care Quality 2005*, a template developed by the American Institutes for Research CAHPS Team.

The facilities have focused on several target areas for improvement, including communication between staff and patients, as well as patients' perceptions of staff availability and professionalism. Some facilities, for instance, have developed initiatives to improve the communication skills of staff and to devise more effective means of educating patients about important issues relating to their treatment. Others have implemented Patient Advisory Councils to get more direct feedback from patients on an ongoing basis.

Next Steps

At this stage in the process, the Networks and facilities have had some experience in implementing their quality improvement strategies. They will soon resurvey their patients to examine the effectiveness of their quality improvement efforts. Based on the information gathered from site visits and other sources, the grantees will then produce a formal report on the successes, challenges, and lessons learned from this ambitious project to improve the health care experiences of hemodialysis patients.

For more about this project, including an example of a CAHPS report for dialysis facilities, go to **www.cahps.ahrq.gov/content/resources/QI/RES_QI_HemodialysisCare.asp**.

user resources

Features of the New CAHPS Web Site

In December 2005, the CAHPS User Network unveiled its new Web site, which offers updated content, improved navigability, and direct access to many useful documents, including the CAHPS Survey and Reporting Kits. This article will help you get oriented to some key features of the new site, locate frequently accessed materials, and learn about some of its new resources.

The CAHPS Survey and Reporting Kits

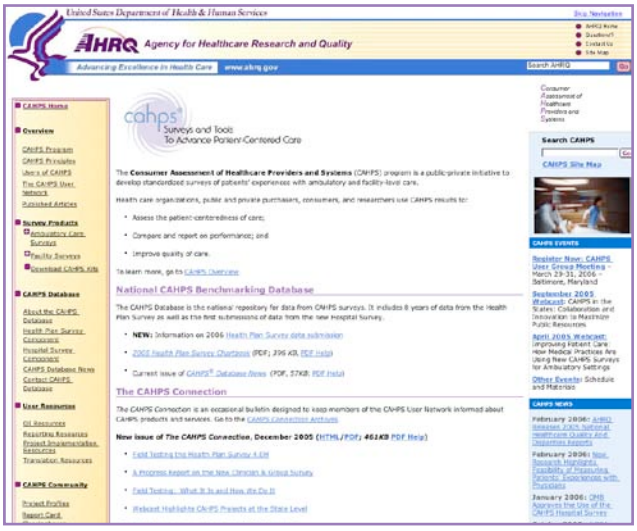
Many people visit our site in order to access the CAHPS Survey and Reporting Kits, which contain the CAHPS questionnaires, as well as administration guidelines, analysis programs, telephone scripts, and everything you need to field the surveys. These kits are available at www.cahps.ahrq.gov/cahpskit/CAHPSKIT_main.asp; you can also access them from any page on the site by selecting the "CAHPS Kits" link on the left side of the screen.

Current Versions and Updated Surveys

In addition to updating the Health Plan Survey, the CAHPS Consortium has recently added several new products to the CAHPS family of surveys. When new or updated surveys are close to completion, CAHPS users can access the most recent working versions of these surveys through our Web site.

- **CAHPS Health Plan Survey 4.0 (Adult Commercial Questionnaire):** www.cahps.ahrq.gov/content/products/HP3/PROD_HP3_ExecSummary.asp?p=1021&s=211#Survey_Development_. This page is the introduction to the CAHPS Health Plan Survey, which is part of the site's section on ambulatory care surveys.

- **CAHPS Clinician & Group Survey:** www.cahps.ahrq.gov/content/products/CG/PROD_CG_CG40Products.asp?p=1021&s=213. This page is the introduction to the CAHPS Clinician & Group Survey, which is also part of the section on ambulatory care surveys.



Curious About Other Sponsors' CAHPS Projects?

To learn what your peers have been doing with CAHPS surveys, check out the Project Profiles section of our new Web site: www.cahps.ahrq.gov/content/community/profiles/COMM_PRO_Profiles.asp?p=104&s=43. Each profile details a particular sponsor's CAHPS project, including the specific questionnaire they used, the purpose of their project, modes and years of administration, and ways in which they used the survey results. Current profiles cover users of the Health Plan Survey only, but users of new surveys will be added on a rolling basis.

You can see profiles from various types of organizations, including

- health plans,
- State agencies,
- business coalitions; and
- Quality Improvement Organizations (QIOs).

If you are interested in adding your organization's CAHPS project to our Project Profiles, please contact us at cahps1@ahrq.gov or 1-800-492-9261.

National CAHPS Benchmarking Database

The Web site of the National CAHPS Benchmarking Database (the CAHPS Database) has been merged into the new CAHPS site.

- **For news and general updates, go to the main CAHPS Database page:** www.cahps.ahrq.gov/content/ncbd/ncbd_Intro.asp?p=105&s=5.
- **For information about the Health Plan Survey component of the CAHPS Database, go to:** www.cahps.ahrq.gov/content/NCBD/HP/NCBD_HP_Intro.asp?p=105&s=52.

Have You Used the CAHPS Improvement Guide?

With support from the Centers for Medicare & Medicaid Services, members of the Harvard CAHPS Team will soon begin updating *The CAHPS Improvement Guide*, which offers health plans and medical groups guidance on how to assess and improve their performance as measured by the CAHPS Health Plan Survey. They will also be transforming the *Guide* into a Web-based document.

If you have used the *Guide* and would like to offer feedback or ideas for effective interventions, please send your comments to cahps1@ahrq.gov.

A copy of the *Guide* is available at www.cahps.ahrq.gov/content/resources/QI/RES_QI_CAHPSImprovementGuide.asp?p=103&s=31.

CAHPS in action

PBGH Peels Back the Layers of Health Care Delivery in California

For nearly 10 years, the Pacific Business Group on Health (PBGH) has been publicly reporting information on the quality of health care in California – including reports on the experiences of California residents with their health plans and medical groups. Now this innovator in quality measurement and reporting is tackling the next frontier: the assessment of patients' experiences with their physicians. CAHPS surveys have played a major role in this prominent business coalition's efforts to improve quality of care and provide consumers with useful information.

An Evolutionary Process

About four years ago, PBGH and its provider and health plan collaborators in the California Cooperative Healthcare Reporting Initiative (CCHRI) transitioned

What's the Pacific Business Group on Health?

PBGH
Pacific Business Group on Health

Founded in 1989, the Pacific Business Group on Health (PBGH) is one of the leading coalitions of health care purchasers in the United States. Its 50 member organizations purchase health care for over 3 million employees, retirees, and dependents. The coalition also oversees Pacific Health Advantage, a purchaser coalition of over 12,000 small businesses in California. PBGH plays an important role in State and nationwide efforts to improve health care quality and cost-effectiveness, and works with payers, providers, and researchers to achieve common goals in these areas.

from a homegrown survey of group-level experience to an instrument called the Consumer Assessment Survey (CAS), which was a variation on the CAHPS Group Practice Survey. Concurrently, the coalition and a set of medical groups began fielding a doctor-level survey. This past year, they made the change to the new CAHPS Clinician & Group Survey (which replaces the previous CAHPS instrument). "We wanted to support efforts to develop and adopt a national standard," notes Ted von Glahn, director of consumer engagement at PBGH. "Our members have employees throughout the country, so we have an interest in national standards for quality metrics."

This changeover was also motivated by the interest of California health plans and providers in establishing benchmarks that will help them to improve quality and setting standards that may yield some economies. The idea that a single instrument could be used to gather information on performance at both the group- and individual physician-level is particularly appealing.

Transitioning to a new survey requires some effort. The medical groups will have to provide more information than before when they submit the patient visit and doctor data, so more initial set-up work is required. But no one can say whether the change was worth the extra effort until the results are in. For the medical groups, the real question will be whether the results are actionable and an accurate representation of what is happening across their provider networks.

The Current Survey Initiative

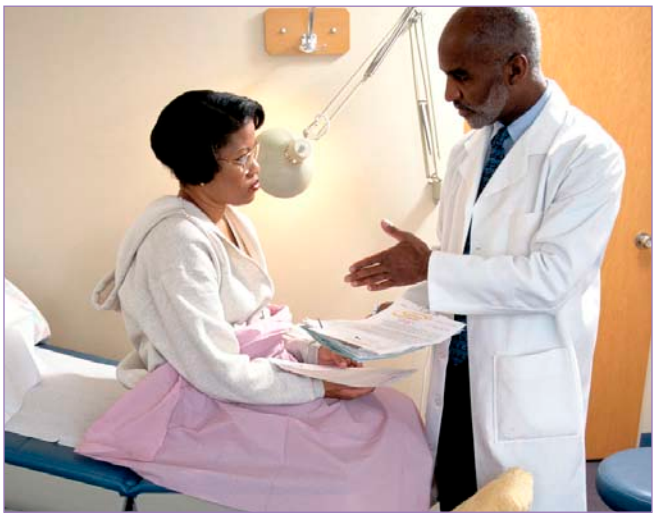
From February to April 2006, CCHRI will be fielding its version of the CAHPS Clinician & Group Survey. Known as the Patient Assessment Survey (PAS), this instrument is designed to collect data from patients at both the group and clinician levels. This year's survey involves 180 reporting units that represent about 160 legal entities. While some groups are fully integrated and others are independent practice associations (IPAs, which are contracting entities), virtually all include both primary and specialty care. Twenty-seven groups also are collecting data at the level of individual clinicians.

The number of reporting units has been increasing steadily over the past several years, driven primarily by the use of this data in pay-for-performance programs (see box below). Mr. von Glahn notes that the number of reporting units for the group survey is "probably close to topping out." The groups participating in the survey comprise well over 90 percent of the commercially insured population served by more than 220 medical groups in California; the remaining groups are typically smaller practices.

In addition to being used in pay-for-performance programs, group-level data play a role in public reporting in California. The State's Office of the Patient Advocate publishes the group-level results, as does PBGH. Efforts to coordinate the reporting of this data are considered part of a larger movement to standardize and thus reduce the babble around public reporting in California. Medical groups and plans also use the data in their quality improvement initiatives.

Paying for Performance in California

In California, nearly all managed care plans and medical groups participate in a pay-for-performance program coordinated by the Integrated Healthcare Association (IHA). Using the PAS group-level survey data as well as clinical measures and information about the adoption of clinical information technology, IHA develops a set of scores that health plans can use in their incentive formulas with the medical groups. While the health plans tailor their performance formulas themselves, they are encouraged to tie 30 percent of the incentive to patient survey results.



Customizing the CAHPS Clinician & Group Survey

According to Mr. von Glahn, the Patient Assessment Survey is more than 80 percent consistent with the current version of the CAHPS Clinician & Group Survey. Several factors underlie the differences between the two instruments. First, changes were made to the instrument to meet needs that are unique to the California market. Mr. von Glahn notes that striking the balance between national standardization and local customization is one of the biggest challenges facing survey sponsors. In California, for example, most groups are capitated for managed care professional services, so they assume some of the traditional health plan-level accountability for care and services. To account for the breadth of what California groups do, CCHRI added a test module around care management. In order to make room for these new items and maintain the length of the questionnaire, they also removed some of the CAHPS survey items.

Administering the Survey

To obtain valid information about each group, the PAS survey is mailed to 900 patients, split evenly between those who had primary care visits and those who had specialty care visits. A response rate of roughly 35-percent is anticipated, which is consistent with rates achieved in the past. To obtain a representative sample at the group level, the survey will be fielded in three waves, the first two by mail and the third by telephone. People may also respond online, but only 3 percent are expected to do so.

For the 27 practices participating in the initiative to get clinician-level data, the sample consists of 100 patients for each doctor. A 35 percent response rate is expected for this sample as well. The survey administration protocol includes two waves by mail; since the sample sizes are substantial, cost considerations make telephone followup prohibitive.

The results will be shared with the groups, who will in turn disseminate results to the individual clinicians. Because accountability for patients' experiences belongs at both the individual and practice levels, many groups will aggregate the clinician-level results at the practice site level.

Next Steps: Lessons Learned, New Uses of Data

Based on their experience with this round of surveys, PBGH hopes to identify ways to make the implementation process run more smoothly and efficiently. In particular, they expect to learn how to improve administrative tools and protocols for communicating with the groups and physicians and obtaining patient visit and doctor files. One example is the development of a standard list of specialty categories and names based on a consensus among the groups.

The Challenges of Physician-Level Surveying

Mr. von Glahn noted that PBGH is making an effort to streamline the administrative process for groups that are collecting data at both the group and clinician levels; at this point in the evolution of the program, they are still trying to figure out the best process. At the CAHPS User Group Meeting in March, Mr. von Glahn and other testers of the Clinician & Group Survey will discuss the challenges they have faced with respect to obtaining and reporting valid information at the physician level.

PBGH also anticipates that the results of this survey will have new applications. For instance, this is the first time that the groups will have data sets for both specialty and primary care rather than one set of scores for the whole group. While groups will still have one set of scores for the pay-for-performance program, separate results for primary and specialty care are expected to be helpful for quality improvement purposes.

Another application of data is its use in compensation programs. Increasingly, survey data for individual physicians are being integrated into the compensation formulas that groups use for their physicians. The role of survey results in compensation calculations is key to the requirement that the survey apply across all physicians.

Key Considerations When Surveying Group and Clinicians

1. **What will drive participation in your market?** In California, it is clear that the statewide pay-for-performance program, which rewards performance, is the lever for engaging the groups.

2. **How will you manage the balance between national standards and local needs?** Mr. von Glahn noted that how you manage that conversation early on is vital to the success of the survey effort. He recommended a practical approach to customizing the survey: while you need to meet the needs that are important to your market, you also have only so much room on a piece of paper if you want to keep the costs down.

3. **Who will pay for the survey?** The funding mechanism is always an issue. In California, the costs of the group-level survey are shared by the groups and the plans, while the groups are bearing the cost of obtaining the physician-level data. Other markets have been successful with other cost-sharing models.

CAHPS database news

This issue marks the beginning of the CAHPS Database portion of *The CAHPS Connection*. Formerly released as a separate publication called *NCBD News,* information and announcements about the CAHPS Database will now be featured in this section of *The CAHPS Connection*.

CAHPS Database Timeline for 2006

Our timeline for the 2006 CAHPS Health Plan Survey Database will be similar to previous years with a designated window of time for online data submission followed by report releases in the fall. As in 2005, we will be accepting only survey submissions based on CAHPS 3.0 or 3.0H.

The data submission period will open in April following the training sessions. Sponsors and their designated vendors may submit their information anytime from April through June but all required information, including data files, must be received and approved **no later than June 30, 2006**. Commercial sponsor reports and the annual Chartbook will be released in September 2006 followed by the Medicaid and State Children's Health Insurance Program (SCHIP) reports and the research files in October.

Population	Submission Deadline	Report Release Date
Commercial	June 30	September 15
Medicaid	June 30	October 15
SCHIP	June 30	October 15

Please send any questions about data submission to ncbd1@ahrq.gov. We look forward to your participation in 2006!

CAHPS 2006 Data Submission Training

Training sessions for submitting data to the 2006 CAHPS Health Plan Survey Database have been scheduled for the following dates/times:

- **Wednesday, April 5 from 1:30 pm - 3:00 pm ET**
- **Thursday, April 6 from 1:30 pm - 3:00 pm ET**

The purpose of these training conference calls is to present step-by-step instructions for the submission process we will be using this year for the CAHPS Health Plan Survey Database. We urge all sponsors and their vendors to attend at least one of these conference calls in order to learn how the submission process will work.

Information on how to RSVP to receive meeting materials and what number to call for training is available on the CAHPS site: www.cahps.ahrq.gov/content/ncbd/HP/NCBD_HP_HPSubmission.asp?p=105&s=52.

CAHPS Database Panel at the March User Group Meeting

Mark your calendars for our CAHPS Database plenary panel discussion on Thursday, March 30th from 3:15 pm – 4:30 pm, at the 10th National CAHPS User Group Meeting. The discussion will center on the CAHPS Database's role in serving the needs of health care purchasers, providers, policymakers, and researchers. It will feature the following topics and presenters:

- CAHPS Database Overview (Presenter: Dale Shaller, Shaller Consulting).
- Use of CAHPS Database by Medicaid Programs for Monitoring and Improving Managed Care Performance (Presenter: Foster Gesten, New York State Department of Health).
- Use of CAHPS Database by Researchers: Findings Related to Differences by Race and Ethnicity (Presenter: Ron Hays, RAND).
- Use of CAHPS Database by AHRQ: State-Level Estimates for the National Healthcare Quality Report (Presenter: Ernest Moy, AHRQ).

There will also be time for questions and answers related to these and other topics. Please join us for this interesting and lively discussion.

Preliminary Benchmarks for the CAHPS Hospital Survey

During the development phase of the CAHPS Hospital Survey (H-CAHPS), several hundred hospitals and health systems applied to the Agency for Healthcare Research and Quality (AHRQ) to test the survey prior to the "dry run" and national implementation process sponsored by the Centers for Medicare & Medicaid Services (CMS). [See "CMS Proceeds with National Implementation of CAHPS Hospital Survey" on page 4.] Many of the hospitals testing the instrument expressed interest in comparing their survey results to national benchmarks. In response to this interest, the CAHPS Database began working with hospitals on a voluntary basis to develop a database component for the CAHPS Hospital Survey for benchmarking and research purposes.

Last year, all hospitals testing the CAHPS Hospital Survey were invited to participate in a voluntary benchmarking pilot project by submitting their survey data to the CAHPS Database. The aims of the pilot project were to

- Develop and test a process for submitting survey response data and selected hospital characteristics.
- Test methods for using the resulting database to construct benchmarks that support quality improvement.
- Assess the research value of the database.

Interested hospitals submitted person-level survey data according to specifications developed for both the 32-item and the 27-item survey. The 27-item instrument was endorsed by the National Quality Forum in spring 2005, and was subsequently approved by the U.S. Office of Management and Budget in January of this year for use by CMS. Hospital characteristics data were drawn from the American Hospital Association's Annual Survey of Hospitals database. The deadline for submitting all required survey data files and other information was November 30, 2005.

A total of 254 hospitals submitted approved data files by the deadline. CAHPS Database staff analyzed the data in order to compile a summary-level CAHPS Hospital Survey Chartbook that presents aggregate survey results for hospitals broken out by selected characteristics. Key hospital characteristics for the benchmarks include hospital region, bed size, teaching status, and ownership and control.

The Chartbook summarizes characteristics of survey respondents and presents key findings regarding overall survey results. It was distributed to participating hospitals in mid-March, and will be made available to the public later in the month at the CAHPS User Group Meeting. Research files from the Hospital Survey test database will be made available upon request according to the CAHPS Database Data Release Policy. (For information on applying for research files, go to: www.cahps.ahrq.gov/content/ncbd/GEN/NCBD_GEN_InfoForResearchers.asp?p=105&s=51.)

Following the release of the Chartbook, the CAHPS Database will explore options for continuing to compile and maintain a national database for the CAHPS Hospital Survey.

Contact Information for the National CAHPS Benchmarking Database Staff

- Email: ncbd1@ahrq.gov
- Web: www.cahps.ahrq.gov/content/ncbd/ncbd_Intro.asp?p=105&s=5
- Phone: 1-888-808-7108
- Mail: CAHPS Database, Room RA 1157, 1650 Research Blvd., Rockville, MD 20850.

comments or questions?

The CAHPS User Network welcomes your comments and questions. Please contact us:

- By e-mail: cahps1@ahrq.gov
- By phone: 1-800-492-9261

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